

Michigan Department of Natural Resources  
Law Enforcement Division / Grants Management

**OFF-ROAD VEHICLE (ORV) / ALL-TERRAIN VEHICLE (ATV)  
SAFETY EDUCATION PROGRAM - FISCAL YEAR 2005-2006  
GRANT PAYMENT REQUEST**

*Required under the authority of Part 811, 1994 PA 451, as amended, to be eligible for grant funding.*

Grantee			
Grantee (Name of Organization or Agency)	Contact Person		
Address	Telephone (      ) e-mail		
City, State, ZIP	Federal ID Number		
<b>Class</b>			
Instructor Name (Last, First, MI)	Location	Date(s) (mm/dd/yy)	No. of Students
			TOTAL NUMBER OF STUDENTS

*I certify that the information provided is true and accurate to the best of my knowledge.*

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Name of Grantee Representative (*print or type*)

Signature

Date \_\_\_\_\_

**Send completed Grant Payment Request To:**

**ORV SAFETY EDUCATION  
GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925**

<b>FOR DNR USE ONLY</b> <b>AUTHORIZATION FOR PAYMENT</b>	
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span>Signature</span> <span>Date</span> </div>	
<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span>Signature</span> <span>Date</span> </div>	